



**CEMETERY AND FUNERAL BUREAU**  
 400 R STREET, SUITE 3080  
 SACRAMENTO, CA 95814  
 (916) 322-7737 Fax (916) 323-1890



## Certificate of Authority – Cemetery 1<sup>st</sup> Quarter Report

*For Bureau Use Only*

License Number

Receipt Number

Date Processed

**Due on or before: April 30, 2004**

**Cemetery Name:** \_\_\_\_\_

**License No.:** COA\_\_\_\_\_

### **COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY**

- Have you submitted an application for a crematory license?    ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:  
 CR\_\_\_\_\_ Date Issued \_\_\_\_\_
- Are you reporting crematory activities on a separate report?    ☐ Yes ☐ No

List the total number of interments performed from January 1, 2004 through March 31, 2004. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only cremations performed at onsite crematory operating under COA license</i>	_____ x \$8.50 = _____
	<b>Total due (A+B+C+D)</b>		<b>\$_____</b>

Authorized  
 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_



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## Certificate of Authority – Cemetery 2<sup>nd</sup> Quarter Report

*For Bureau Use Only*

License Number

Receipt Number

Date Processed

**Due on or before: July 30, 2004**

**Cemetery Name:** \_\_\_\_\_

**License No.:** COA \_\_\_\_\_

### **COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY**

- Have you submitted an application for a crematory license?    ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:  
 CR \_\_\_\_\_ Date Issued \_\_\_\_\_
- Are you reporting crematory activities on a separate report?    ☐ Yes ☐ No

List the total number of interments performed from April 1, 2004 through June 30, 2004. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only cremations performed at onsite crematory operating under COA license</i>	_____ x \$8.50 = _____
	<b>Total due (A+B+C+D)</b>		<b>\$ _____</b>

Authorized  
 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_



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**Certificate of Authority –  
 Cemetery  
 3<sup>rd</sup> Quarter Report**

*For Bureau Use Only*

License Number

Receipt Number

Date Processed

**Due on or before: October 30, 2004**

**Cemetery Name:** \_\_\_\_\_

**License No.:** COA\_\_\_\_\_

***COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY***

- Have you submitted an application for a crematory license? ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:  
 CR\_\_\_\_\_ Date Issued \_\_\_\_\_
- Are you reporting crematory activities on a separate report? ☐ Yes ☐ No

List the total number of interments performed from July 1, 2004 through September 30, 2004. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only cremations performed at onsite crematory operating under COA license</i>	_____ x \$8.50 = _____
	<b>Total due (A+B+C+D)</b>		<b>\$_____</b>

Authorized  
 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_ Telephone: \_\_\_\_\_



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## Certificate of Authority – Cemetery 4<sup>th</sup> Quarter Report

*For Bureau Use Only*

License Number \_\_\_\_\_

Receipt Number \_\_\_\_\_

Date Processed \_\_\_\_\_

**Due on or before: January 30, 2005**

**Cemetery Name:** \_\_\_\_\_

**License No.:** COA \_\_\_\_\_

### **COMPLETE THIS PORTION IF YOU HAVE AN ONSITE CREMATORY**

- Have you submitted an application for a crematory license?    ☐ Yes ☐ No
- If you have been issued a crematory license, list the license number and date issued:  
 CR \_\_\_\_\_ Date Issued \_\_\_\_\_
- Are you reporting crematory activities on a separate report?    ☐ Yes ☐ No

List the total number of interments performed from October 1, 2004 through December 31, 2004. Cremations performed at a licensed crematory located at the cemetery and under common ownership should be reported separately on a crematory quarterly report form.

A.	Number of burials including cremated remains	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
B.	Number of entombments including remains in mausoleum	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
C.	Number of inurnments in columbarium	<i>Do not include cremated remains reported under D, below</i>	_____ x \$8.50 = _____
D.	Number of cremations	<i>Include only cremations performed at onsite crematory operating under COA license</i>	_____ x \$8.50 = _____
	<b>Total due (A+B+C+D)</b>		<b>\$ _____</b>

Authorized  
 Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Name (print): \_\_\_\_\_

Title: \_\_\_\_\_

Telephone: \_\_\_\_\_